PATE	NT APPLICATION F	EE DETERM	to respond to	8 corlection o	(information or	Office; U s	GEPARTMEN	OMB 0041-003	
PATENT APPLICATION FEE DETERMINATION RECORD Submitude for Form PTO-875 Effective December 8: 2004						Application of Dock of Hornor			
API	PLICATION AS FILED	-PARTI				1/0/	12(2)	\$	
FOR BASIC FEE	NUMBER FLED	· (Column :	io.			OR	OR OTHER THAN SMALL ENTITY		
SEARCH FEE	N/A · ·	N/A.	PA .	BATE (1)	FEED	1	RATE (I)	FIE (1).	
EXAMINATION FEE	NA.	N/A		HUA .	\$250	1.	ŇA	300.00	
DY CLU I I I I I I I I I I I I I I I I I I I	N/A	NA		NA	\$100	1	NIA .	\$500	
INDEPENDENT CLAIMS	minus 20 •			X\$ 25 .		or or	X\$50 -	\$200	
APPLICATION SIZE	il the specification and d sheets of paper, the ann	rawings exceed t		X100 .			X200		
137 CFR 1 16(4))	ts \$250 (\$126 for small e	nuly) for each	lue	•					
MULTIPLE DEPENDENT	35 U.S.C. 41(a)(1)(G) an	d 37 CFR 1:16(s)			· . ·	. [- 1		
MULTIPLE DEPENDENT CLAIM PRESENT (D7 CFR 16(s). ## the difference in column 1 is less than zero, enter "O" in column 2.						F	+360=		
APPLICATION AS AMENDED - PART II						-	TOTAL		
Cotur			<i>*</i>	:	•				
€ I I I I REMA	IMIS HOHE		7 -	SMALL EN	YIT	OR `	OTHER TI	HAN,	
Total AMENO	MENT PAID F	USLY EXTRA	` ≈		ADDI- TONAL	- F	ATE(S)	ADOL .	
Dicha Cienti	Minus	1:	XS	25 .	EE (I)	XS		FEE (1)	
								-/-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (STCFR 140)									
(Column	:	•	TOTAL	FEE	OR OR	TOTA			
CLAURE REMANUE	GOLUMN HIGHEST					ADOT	FEE .		
Total OWENDME	PREVIOUSE PAID FOR	V EVEN	RATE	TION	LAI	RATI		201-	
Procession Size Fee 17 CFR	Minus ***	-	X\$ 25	FEE		X\$50		NAL (5)	
	1.16(1))		X100		OR OR	X200.			
FIRST PRESENTATION OF MALT	PLE DEPENDENT CLAIM GT C	≯A 1.16@)	+180	+-	7 1				
. If the entry in column 4 is been			TOTAL.	-	OR L	+360.		<u> </u>	
a if the entry in column 1 is less to it the Highest Number Previous. The Highest Number Previously is collection of Information is received.						ADO'L FE	_ L		
STOLENESS OF INFORMATION IS FROME	Total of Independ	ond is the blobast a	o.	in the eporone	Íola han en en	.•		7	
PTO to process) an application. Combine amount of time you require the amount of time you require to combine amount of time you require to combine amount of time you. Department of DRESS. SEND TO: Commission	meritally is povermed by 35 in the same of the bomploted application up to this form and the same of t	U.S.O. 122 and 37 C On formula the LISD?	o obtain or CFR 1.14. TI	its collection to	orgunated to a	which is	to file (and by	the	
adding gathering, preparing, and submits amount of time you require to come the amount of time to the contract office, U.S. Department of the contract office, U.S. Department of the contract	of Commerce, P.O. Box 1450 let for Patents, P.O. Box	tions for seducing the Alexandria, VA 223	to burden, at	ibneqeb Yev i ines ed bluor i uraz 100 (o the Chief Ink	imation c	Fe. Any complete to complete t	ole, nis	
	peed essistance in completing			3-14 <u>6</u> 0.	-EO OH CON	APLETED	FORMS TO TH	ed (13	

if you need assistance in completing the form, call 1-800-PTO-9199 and select option 2